

## **Food Program Official Inspection Report**

## Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: Siskiyou Community Food Bank Permit # 000489												
Address: 1601 S Oregon St, Site B, Yreka CA 96097												
Permit	Permit Holder:  Laura Leach  Permit To Operate:  O Valid O Not Valid											
Phone	į	530-340-6382				E-mail: laura.s.leach@g	mail.com					
Food S	Food Safety Certified Employee: Laura Leach Expiration Date: 02/2024											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:												
Protection Time/ Temp.	1	Food Temp.					ON CONDUCTED ON THIS DATE					
	2	Prep./ Service										
	3	Storage/ Disp.				SATISFACTORY AT PRESENT TIME						
	4	Frozen Food										
	5	Pure Food										
otec	6	Reused Food										
Pr	7	Transportation										
4)	8	Storage Fac.										
rage	9	Refrig. Units										
Food Storage	10	Thermometer										
poo	11	Hazardous Mat.										
Ä	12	Spoils										
.d	13	Wash/ Sanitize										
Equ	14	Equip. Condition										
Uten./Equip.	15	Utensil Condition										
Ť	16	Storage										
d)	17	Handwashing										
Employee	18	Employee Hygiene										
mpl	19	Employee Habits										
Ш	20	Food Cert./ Card										
iter	21	Water										
Water	22	Cross Con.										
Waste	23	Liquid Waste										
Wa	24	Refuse										
Vermin	25	Rodents/ Insects				1						
Ver	26	Animal/ Fowl				NOTE: ONLY USE APPROVED SANITIZERS	S, CHLORINE, IODINE, AND QUATERNARY					
	27	Ventilation				AMMONIUM.						
S	28	Doors										
Facilities	29	Floors										
Fас	30	Walls - Ceilings										
	31	Toilet Fac.										
	32	Janitorial Fac.										
	33	Lighting										
Misc.	34	Clothing - Linen										
	35	Signs										
		Misc.										
			DUT =	Out o	f con	pliance COS = Corrected on-site						
Received By (Print): Received by (Signature): Date:  Laura Leach 1/19/2024												
REHS (Print): REHS (Signature): Phone: 530-841-2117												

Facility Name:	Siskiyou Community Food Bank	
	The marked items represent Health Code violations and must be corrected as follows:	DWS:
Received By (Print):	Received by (Signature):	Date:
La REHS (Print):	ura Leach  REHS (Signature):	1/19/2024 Phone:

530-841-2117

Alexa Roche

Facility Name:	Siskiyou Community Food Bank							
	The marked items represent Health Code violations and must be co	rrected as follows:						
Received By (Print): Laui	Received by (Signature): a Leach	Date: 1/19/2024						
REHS (Print):	REHS (Signature):	Phone:						

530-841-2117

Alexa Roche

Facility Name:	Siskiyou Community Food Bank						
	The marked items represe	ent Health Code violations and must be cor	rected as follows:				
Received By (Print): Lau	ra Leach	Received by (Signature):	Date: 1/19/2024				
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117				